

Peer Counselor Name:	Part #1	Part #2	Part #3	Part #4	Part #5	Part #6	Part #7	Part #8	Part #9	Part #10
Date Submitted to SA:										
Survey Questions:										
1. Begin work w/pc before or after del ( B or A)										
2. PC help you make decision to bf (Y,N,NS or D)										
3. How many times talked w/ pc (# of times)										
4. Recommend pc program to friend (Y, N or NS)										
5. If stopped using pc program, why (explanation)										
6. Comments or suggestions for pc program										
7. Rate pc assistance (1 to 5)										
8. Are you bf now (Y or N)										
8a. If no (baby's approx. age when stop bf)										
8b. Why did you stop bf (list reasons)										
9. Did pc help you to bf longer (Y,N, or NS)										
9a. If no, why (explanation)										